

Chronic Wasting Disease		LIVE SUBTRACTIONS FROM THE HERD FOR CENSUS DATE:        /        /	
NAME:		BUSINESS NAME:	
ADDRESS:		SPECIES:	
CITY:	ZIP:	NUMBER OF ANIMALS IN HERD:	
PHONE:		WI CWD HERD NUMBER: 35 - CW -        -	WI FARM-RAISED DEER REGISTRATION #

#	OFFICIAL IDENTIFICATION UNIQUE IDENTIFICATION	Month & Year Born	SEX	MOVED TO:	If WI Sale-Please supply new owner's WI Farm Raised Deer Registration Number	Date of Transaction
1				Name:		
				Address:		
2				Name:		
				Address:		
3				Name:		
				Address:		
4				Name:		
				Address:		
5				Name:		
				Address:		
6				Name:		
				Address:		
7				Name:		
				Address:		
8				Name:		
				Address:		
9				Name:		
				Address:		
10				Name:		
				Address:		

Chronic Wasting Disease # 35 – CW -		LIVE SUBTRACTIONS (continuation) FOR CENSUS DATE: / /				
#	OFFICIAL IDENTIFICATION UNIQUE IDENTIFICATION	Month & Year Born	SEX	MOVED TO:	If WI Sale-Please supply new owner's WI Farm Raised Deer Registration Number	Date of Transaction
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